

- ☒ No additional claim fee is required.
- ☒ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

					FEES
Examination Fee (1801)					\$ 790
	No. of Claims		Extra Claims	Rate	
Total Claims	20	29	0	x 50 (1202)	\$ 0
Independent Claims	1	3	0	x 200 (1201)	\$ 0
If multiple dependent claims are presented, add \$ 360					\$ 0
Total Fee					\$ 790
<input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee					\$ 0
TOTAL FEE DUE					\$ 790

4. ☐ Charge _____ to Deposit Account No. **02-4800** for the fee due.
5. ☐ A check in the amount of _____ is enclosed for the fee due.
6. ☒ Charge \$ 790 to credit card for the fee due. Form PTO-2038 is attached.
7. ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
8. ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date: April 19, 2007By: Edward A. Brown
Registration No. 35033P.O. Box 1404
Alexandria, VA 22313-1404
703 836 6620